



## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

|  |                     |
|--|---------------------|
| Application Number                       | 10/084,892          |
| Filing Date                              | February 27, 2002   |
| First Named Inventor                     | Chakravarti, Shukti |
| Art Unit                                 | 1639                |
| Examiner Name                            | Liu, Sue Xu         |
| Total Number of Pages in This Submission | 163                 |
| Attorney Docket Number                   | 021825-004720US     |

### ENCLOSURES (Check all that apply)

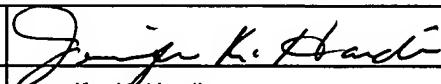
|  |  |  |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Communication under 37 CFR 1.821-1.825 and Amendment<br>Sequence Listing - computer readable copy, and paper copy<br>copy of notice to be returned postcard |
| <input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)               | <input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address |  |
| <input type="checkbox"/> Extension of Time Request   | <input type="checkbox"/> Terminal Disclaimer   |  |
| <input type="checkbox"/> Express Abandonment Request   | <input type="checkbox"/> Request for Refund  |  |
| <input type="checkbox"/> Information Disclosure Statement  | <input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD   |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)  | Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.   |  |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |  |  |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | Townsend and Townsend and Crew LLP  |          |        |
| Signature    |  |          |        |
| Printed name | Joe C. Hao  |          |        |
| Date         | 2-8-08  | Reg. No. | 55,246 |

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

|                       |   |
|-----------------------|---|
| Signature             |  |
| Typed or printed name | Jennifer K. Hardin  |
| Date                  | 2-8-08  |